



**LAST MINUTE CONTRIBUTION
OF \$1,000 OR MORE**
FAX: (360) 753-1112
Email: pdcc@pdcc.wa.gov

Name of Reporting Entity

Address

City

State

ZIP+4

Reporting Entity (check one):

☐ Received a contribution of _____ on _____
(Amount) (Date)

☐ Made a contribution of _____ on _____
(Amount) (Date)

Contribution was received from/made to the following:

Name

Address

City

State

ZIP+4

If earmarked contribution, give name of conduit: _____

If the recipient of the contribution is a candidate, provide the following information:

Office

District

Position

Party

Name of person sending this notice: _____

Daytime Telephone Number: _____